

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

ED JUN 1 1943

Registration District No.

Primary Registration District No. 2000

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1. PLACE OF DEATH:

GREENE

(a) County.....
(b) City or town.....
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution.....
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(d) Street No.....
(e) Citizen of foreign country?.....
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute..... P. M.
21. I hereby certify that I attended the deceased from.....
that I last saw her alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Other conditions.....
(Include pregnancy within 3 months of death)

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature.....
Address..... Date signed.....

3. (a) PRINT FULL NAME Hannah N. Surprenant

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ralph J. Surprenant 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 28, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 8 15 hr. min.

9. Birthplace Cabool, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business In Home

12. Name.....
13. Birthplace.....
14. Maiden name.....
15. Birthplace.....

16. (a) Informant Mr. Ralph J. Surprenant
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof May 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 5-17-43 (b) Dr. M. Handley
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Harlow Knabb

Licensed Embalmer No. *4065*

P. O. Address. *Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.